

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☒ yes☐ no☐ Ms.☒ Mr. Artist

ROBERT A. RAZ

(Last Name Last)

Permanent
Address

5806 Flowerdale Ave. CLINT

Street

City

Zip

Tel. (001) 411-3303

Area Code

Temporary or
Studio Address

411 Jackson Ave. MAGNOLIA

Street

City

Zip

Tel. (001) 782-8853

Area Code

If you do not presently live in one of the counties of the
Western Reserve, in which county were you born?

Cuyahoga

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum☐ Museum should dispose of.☐ Museum should ship to artist at artist's expense
to this address:

Mrs. Raza 411-3303

Special Instructions

When necessary include below instructions or a drawing of
how the object is to be assembled and displayed.This entry blank must be fully made out and signed. Unsigned
entry blanks will not be accepted.Note carefully calendar for delivery and return of objects. It is
understood that the Museum will have the right to dispose for
its own account any objects not called for by the dates listed.It is also understood that accepted objects will remain on
exhibition until July 1, 1984.The submission of objects will be construed as acceptance of
all conditions printed in the entry information.

Signature

Robert A. Raza

DO NOT DETACH

DO NOT DETACH

ENTRY BLANKS

1

- ☒ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Materials

Title

Price or NFS

Insurance Value
if NFS Only

Size

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
UnframedPrice in
Frame

ACCEPTED

X

DO NOT WRITE IN THIS SECTION

2/14 (1)

ACCEPTED

X
REJECTED

2

- ☒ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

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For Sale

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ACCEPTED

X

DO NOT WRITE IN
THIS SECTION

ACCEPTED

REJECTED

RECEIVED

61
DATE

DETACH